

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

PRISONER GRIEVANCE

PART ONE

PRINT NAME	INSTITUTION/MODULE	Offender #	FSO LOG #	DIO LOG #
Trevor Stefano	GCCC / B	506410		GC1281
INCIDENT DATE	11-8-12	TODAY'S DATE 11-11-12		
BEFORE YOU COMPLETE THIS FORM: 1. Is this about an incident that is other than a disciplinary action or classification decision? 2. Did you first talk to the appropriate person to informally solve the incident? 3. Did you file a Request for Interview Form (cop-out) on this incident <u>and</u> receive a response?			<input checked="" type="radio"/> Yes <input type="radio"/> Yes <input checked="" type="radio"/> Yes	No No No
INSTRUCTIONS: 1. Limit this grievance to <u>ONE</u> incident. 2. Attach the completed Request for Interview Form copy <u>OR</u> describe HOW you attempted to solve it informally: a. WHO did you talk to? <u>Superintendent Rabean</u> b. WHEN did you talk with him/her? <u>11-8-12</u> c. WHAT were you told? <u>That G.C.C.C. visitation hours are adequate</u> 3. Attach up to two additional pages of narrative to describe the incident.				
AFFIRMATION and SIGNATURE: 1. I affirm that this grievance is filed within 30 days of the incident or my knowledge of the incident. 2. I affirm the following statements are true and accurate and that I may be disciplined for providing false information pursuant to 22 AAC 05.400.				
PRISONER'S SIGNATURE: <i>Video visitation is not recognized by the Cleary FSA, 22 AAC 05.130 or Policy and Procedure 810.02.</i> <i>Video visitation may have rehabilitative value, but falls short of any defined recognizable equality to actual visitation in the authorities I have cited.</i> <i>Video Visitation cannot be used to reduce the hours this facility is required to offer for contact and secure visitation. To do so violates the visitation component to my Right to Rehabilitation under article 1 section 12 of the Alaska Constitution.</i>				
I REQUEST THE FOLLOWING RELIEF (State the outcome you are seeking): <i>Immediately come into compliance with the minimum amount of visitation hours this facility must provide as defined in the Cleary FSA, AAC 22 AAC 05.130 and P&P 810.02</i>				
I acknowledge receipt of this grievance and have issued the log number above for reference. Please refer to assigned log number with any inquiries about this grievance. DATE: <u>11/15/12</u> STANDARDS OFFICER'S SIGNATURE: <u>CPrice</u> RECEIVED: <u>11/15/12</u>				

Page 1 of 2

Exhibit I
Page 1 of 1